| | | | Application No.: 10/812,429 | | | | | |
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| TRANSMITTAL | | | Filing Date: | 03/30/2004 | | | | |
| FORM | | | First Named Inventor: | Michael A. Faulkner | | | | |
| DEC 0 9 2008 | | | Confirmation No.: | 3352 | | | | |
| | | | Group Art Unit | 2836 | | | | |
| m | | | Examiner: | Bauer, Scott Allen | | | | |
| TRADENIA | | | Customer No. | 24227 | | | | |
| Total Number of Pages in this Submission: 4 | | | Docket No. | EMC-04-008 | | | | |
| AND CONTRACTOR OF THE PROPERTY | ENC | LOST | JRES (check all that appl | y) | | | | |
| Fee Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate) | | | ssignment ecordation Cover Sheet | | Petition for Revival of an Unintentionally Abandoned Application [37 CRF 1.137(b)] (in duplicate) | | | |
| Amendment | | Declaration/Power of Attorney Associate Power of Attorney | | × | Form PTOL-85B, Part B -Issue Fee Payment | | | |
| ☐ After Final ☐ Affidavits/Decl. ☐ Terminal Disclaimer | Revocation of Power of Attorney Formal Drawings Letter to Official Draftsperson with sheets of Formal Drawings, Figs. 1 through , labeled. | | | | Transmittal," (in duplicate) Fee Transmittal (in duplicate) Stams Inquiry Certificate of Mailing or Transmission [37 CFR 1.8] | | | |
| Extension of Time Request for Months Information Disclosure Statement | Copy of PTO 948, "Notice of Draftsperson's Patent Review" Certified Copy of Priority Document(s) | | | | Certificate of Express Mail Mailing Postcard | | | |
| Response to Missing Parts/Incomplete Application | | | | | Additional Enclosures: | | | |
| SIGNAT | URE C |)f ap | PLICANT, ATTORNEY O | R AGE | ENT | | | |
| 12/9/08 Jark a Dellott | | | | | | | | |
| Date Scott A. Quellette, Esq. (Reg. No. 38,573) | | | | | | | | |
| | | Corporation | | | | | | |
| | | | ce of the General Counsel South Street | | | | | |
| Tel: (508) 293-7835 | | inton, MA 01748 | | | | | | |
| Fax: (508) 293-7189 Hopkinton, MA 01748 CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8] | | | | | | | | |
| I hereby certify that this correspondence | and th | ie abo | ve-referenced documents are | being: | | | | |
| | | | | | ufficient postage as first class nts, P.O. Box 1450, Alexandria, | | | |
| VA 22313-1450. Transmitted by facsimile on the date shown below to the Patent and Trademark Office at 571-273-2885. | | | | | | | | |
| 12/9/08 Reik Valenzola | | | | | | | | |
| Date | Signa | ure | | | | | | |
| Linda Valanzola | | | | | | | | |
| Typed or printed name of person signing certificate | | | | | | | | |

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| | | | First Named Inventor: | Michael A. Faulkner | | | | | | |
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| DEC A ST | | | Group Art Unit | 2836 | | | | | | |
| 8 | | | Examiner: | Bauer, Scott Allen | | | | | | |
| TRADELLES | | | Customer No. | 24227 | | | | | | |
| Total Number of Pages in this Submission: 4 | | | Docket No. | EMC-04-008 | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | |
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| | Statement Response to Missing Parts/Incomplete Application | Document(s) | | | | Additional Enclosures: | | | | |
| | | JRE C |)F AP | PLICANT, ATTORNEY O | R AGE | NT | | | | |
| | 12/9/08 | | | Jada Dilet | | | | | | |
| Date | 1611108 | - | Scott | | 0 38 4 | 573) | | | | |
| Date Scott A. Ouellette, Esq. (Reg. No. 38,573) EMC Corporation Office of the General Counsel Tel: (508) 293-7835 176 South Street | | | | | | | | | | |
| | (508) 293-7189 | | Hopk | inton, MA 01748 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | CERTIFICAT | e of | MAII | LING OR TRANSMISSION | 1 [37 C | FR 1.8] | | | | |
| I here | by certify that this correspondence | and th | e abov | e-referenced documents are h | eing: | · · | | | | |
| | Deposited with the United State mail in an envelope addressed to VA 22313-1450. Transmitted by facsimile on the | s Posta o: Mai | al Serv il Stop | ice on the date shown below : Issue Fee, Commissioner fo | with su or Paten | us, P.O. Box 1450, Alexandria, | | | | |
| 1 | 2/9/08 | _4 | Re | ik Valanzo | | | | | | |
| Date | | _ | | ure Valanzola or printed name of person sig | gning ce | ertificate | | | | |